

STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF FIRE SAFETY
OFFICE OF THE STATE FIRE MARSHAL
33 HAZEN DRIVE
CONCORD, NH 03305

603-271-3294

FAX: 603-271-1091

APPLICATION FOR VOLUNTARY CERTIFICATION OF HEATING TECHNICIANS

TYPE: ☐ Original ☐ Renewal Previous Cert #: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____ SUFF: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ DATE OF BIRTH: _____

HOME E-MAIL ADDRESS: _____

EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK TELEPHONE: _____ WORK FAX: _____

WORK E-MAIL ADDRESS: _____

ENDORSEMENTS BEING APPLIED FOR: Check the appropriate certificate on the left and the applicable endorsement on the right.

() HEATING EQUIPMENT INSTALLATION: () OIL (HIO)

() HEATING EQUIPMENT SERVICE: () OIL (HSO)

SIGNED: _____ DATE: _____

FOR DEPARTMENT USE ONLY

RECEIVED: _____ BY: _____ PAID BY CHECK #: _____

SUPPORTING DOCUMENTATION COMPLETE (Y/N) _____ REVIEWED: _____ BY: _____

CERTIFICATE ISSUED: _____ CERTIFICATE NUMBER: _____ BY: _____

EXPIRATION DATE: _____ DATE ENTERED: _____ BY: _____

Note: This application is only for the voluntary certification of heating technicians and is not to be confused with the application for licensure for gas fitters promulgated by HB1711 (Amilia's Law)